ARIZONA FORM

Arizona S Corporation Income Tax Return

2003

| | 1205 | | | | | | | CHECK ONE: | : | |
|----------|---|--------------|-------------------------------------|--|-------------------------------------|---------------|---------------|------------------------|-----------|--|
| | | For taxab | ole year beginning _MM_/_[| DD_/YYYY_, and ending _N | MM / DD / 1 | MYY_ | Orio | ginal 🔲 Amende | d 🔲 | |
| | | Mail to: A | rizona Department of Revenu | e, PO Box 29079, Phoenix AZ | 85038-9079 | | | CHECK ONE: | | |
| | | | · - | , , , , , , , , , , , , , , , , , , , | | | | dar year 🔲 Fiscal | | |
| Busi | ess telephone number Name | | | | | | Feder | al employer ID numbe | er (FEIN) | |
| | Please | | | A7 withholding toy number | | | | | | |
| (| Type Number and street or PO Box | | | AZ withholding tax number | | | | | | |
| | Business activity code number or | | | d. | | | Λ 7 tro | nagation privilege toy | , numbor | |
| (11011) | n federal Form 1120S) Print City, or town, state, and ZIP code | | | | AZ transaction privilege tax number | | | | | |
| 69 | Check box if: ☐ This is a first return ☐ Name change ☐ Address change | | | | | | FOR DO | OR USE ONLY | | |
| Α | Is this the corporation's fin | | | ☐ Yes ☐ No | | | | | | |
| | • | | | Merged/Reorganized □ | | | | | | |
| | List FEIN of the successor | | | norgod/10organized | | | | | | |
| | | • | ness within and without Arizon | a? □ Yes □ No | | | | | | |
| | · | | | | | | $\overline{}$ | | | |
| | Will a composite return be | | | Yes No | | | | | | |
| D | Total number of nonreside | nt individua | al shareholders | | 81 | | 66 | 3 | | |
| Е | Total number of resident individual shareholders | | | | | CK BOX IF: | | | | |
| F | Total number of entity share | reholders (| See instruction page 3) | | 82 Fede | eral extensio | n use | d to file return. 82 l | F | |
| 1 | Total distributive incon | ne (loss) - | from federal Form 1120S, S | chedule K | | | | 1 | 00 | |
| Comp | lete lines 2-11 only if the S of | corporation | has excess net passive income | e or capital gains/built-in gains. | An S corporation | that is not r | equire | ed to complete lines | 2-11 | |
| must | complete lines 12-34 if the S | corporatio | on has a tax liability from the rec | capture of tax credits or has elec | ted to claim refu | ndable tax c | redits | • | | |
| 2 | | | | | | | 00 | | | |
| 3 | | | | | | | 00 | | | |
| 4 | • | | | and 3. WHOLLY ARIZONA S CC | | | | 4 | 00 | |
| 5 | | | | TATE S CORPORATIONS ON | | | | 5 | 00 | |
| 6 | | | | rporations only | | | | 6 | 00 | |
| 0 | | | | ata S corporations only | | | | 8 | 00 | |
| 8 9 | | | | ate S corporations only corporations only | | | | 9 | 00 | |
| 10 | | | | | | | | 10 | 00 | |
| 11 | | | | na S corporations - enter amo | | | | 10 | | |
| • | | | | | | | | 11 | 00 | |
| 12 | • | | | | | | | 12 | 00 | |
| 13 | Tax from recapture of tax | credits - fi | rom Form 300, Part II, line 25 | | | | | 13 | 00 | |
| | | | | | | | | 14 | 00 | |
| 15 | | | | o the fund and reduce the tax (| | | | | | |
| | | | | | | | | 15 | 00 | |
| 16 | | | | 8 | | | | 16 | 00 | |
| 17 | | | | . 17 3 3 3 | | | Ш | 40 | | |
| 18 | | | | COMPLETING THIS LINE | | | | 18 | 00 | |
| 19 20 | | | | from line 18 | | | | 20 | 00 | |
| 21 | - | | | | | | 00 | 20 | | |
| 22 | | | | d 22 \ 3 \ \ \ 3 \ | | 3 | | • | | |
| 23 | | | | | | | 00 | | | |
| 24 | | | | | | | 00 | | | |
| 25 | | | | instructions | | | | 25 | 00 | |
| 26 | | | | of tax due. Skip line 27 | | | | 26 | 00 | |
| 27 | | | | yment of tax | | | | 27 | 00 | |
| 28 | • | | | | | | | 28 | 00 | |
| 29 | | | - | heck box | | | | 29 | 00 | |
| 30 | | | | | | | | 30 | 00 | |
| 31 | | | | | | | | 31 32 | 00 | |
| | | | | | | | 00 | 32 | 00 | |
| | | | | | | | | 34 | 00 | |
| | R 91-0025 (03) | Sant dot III | | | | | | <u> </u> | | |

| | | (2003) Page 2 - Other Information | | | | | | | | |
|-------------------------------------|--|---|--|-----------------------|---|--|-----|--------|-----|--|
| | | ness began in Arizona or date income was first derived from Ari | zona sources | I / DD / YYYY. | | | | | | |
| | 2 Address at which tax records are located for audit purposes: | | | | | | | | | |
| А3 | The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instruction page 8) Name and title Phone # _() | | | | | | | | | |
| A4 | | e years for which a federal examination has been finalized | | | | | | | | |
| | NOTE: ARS § 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instruction page 1) 5 Amount of net income subject to Arizona corporate income tax for prior taxable year (2002 Form 120S, line 11) 6 Indicate tax accounting method: Cash | | | | | | | | | |
| Sch | nedule B | - Apportionment Formula (Multistate S Corporations (| Only) See instruc | tion pages 8, 9 and | 10 | | | | | |
| | Property | , | | TE: Qualifying air ca | | hedule A | ACA | | | |
| Value of owned property a. Owned p | | eal and tangible personal property (by averaging the value of operty used at the beginning and end of the tax period; rented at capitalized value) roperty (at original cost): | Column A Total Within Arizona | То | olumn B tal Within and out Arizona | Column C Ratio Within Arizona A ÷ B | | | | |
| | Land Other ass | ets - (describe) onstruction in progress (if included in above totals) | (|) (|) | | | | | |
| | | onbusiness property (if included in above totals) | (|) (|) | | | | | |
| b. | | operty (capitalize at 8 times net rental paid) | | | | | | | | |
| C. | - | ed and rented property (section a total plus section b) | | | | | | | Т | |
| B2 | Payroll F | | | | | <u> </u> | | | | |
| | - | alaries, commissions and other compensation to employees | | | | | | | | |
| | | orm 1120S or payroll reports) | | | | • | Ш | | | |
| | Sales Fac | | | | | | | | | |
| a. b. | | Sales delivered or shipped to Arizona purchasers | | | | | | | | |
| | - | s and other gross receipts | | | | | | | | |
| d. | | eight Arizona sales and gross receipts | X 2 | | | | | | | |
| e. | | tor (for column A - multiply item c by item d; for column B - | , , , , | | | | | | | |
| | | enter amount from item c) | | | | | П | П | Т | |
| B4 | Total rati | o - add B1(c), B2 and B3(e) in column C | | | | | | | T | |
| B5 | Average | apportionment ratio - divide B4 by four (4). Enter the result in | column C and on p | age 1, line 7 | | • | | | Т | |
| | | - Shareholder Information Prepare a schedule that lists Label the listing as "Schedule C - Shareholder Information" | each shareholde | er's name, address, | TIN, and pro rata sh | | | | SS. | |
| Cer | tification | The following certification must be signed by one or more of the fo | | | | | | | | |
| | | Under penalties of perjury, I (we), the undersigned officer(s) authoraccompanying schedules and statements, and to the best of my (of the taxable year stated pursuant to the income tax laws of the States). | our) knowledge and b | | | | | h, for | | |
| DI- | 200 | Officer's signature | | Title | | Date | | | | |
| Sig | | | | | | | | | | |
| Her | | | | Title D | | | | Date | | |
| | | | | I | | | | | | |
| | parer's | Preparer's signature | | Date | 1 | | | | | |
| Use | Only | Firm's name (or preparer's, if self-employed) | Preparer's TIN | | | | | | | |
| | | | | | | | | | | |
| | | Firm's address | | Zip code | | | | | | |